



**Lexington Fayette Urban County Government**  
**Division of Water Quality**  
**GREASE INTERCEPTOR SPECIAL PERMIT APPLICATION**

**Facility Information:** Applicant (owner) Name \_\_\_\_\_  
Facility Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Reasoning why this facility cannot or should not meet LFUCG minimum sizing requirements\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Restaurant Information (check all that apply)**

<b>Type of Operations:</b>		<b>Preparation Methods:</b>		<b>Equipment Used:</b>		<b>Quantity</b>
Dine-in	<input type="checkbox"/>	Pan Frying	<input type="checkbox"/>	3 Compartment Sink	<input type="checkbox"/>	_____
Carry Out	<input type="checkbox"/>	Deep Frying	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	_____
Catering	<input type="checkbox"/>	Grill Frying	<input type="checkbox"/>	Pre-Rinse Sink	<input type="checkbox"/>	_____
Cafeteria	<input type="checkbox"/>	Broiling	<input type="checkbox"/>	Chinese Cooker (wok sink)	<input type="checkbox"/>	_____
Bakery	<input type="checkbox"/>	Baking	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	_____
Other	<input type="checkbox"/> _____	Rotisserie	<input type="checkbox"/>			

**Method of food Service:** Washable plates \_\_\_\_ Disposable plates \_\_\_\_ Carry out only \_\_\_\_  
**Maximum seating capacity** \_\_\_\_ **Maximum hours of operation per day** \_\_\_\_

List proposed interceptor and plumbing unit attached

Plumbing Unit	Proposed Interceptor Flow Rate/Capacity**
A. _____	_____
B. _____	_____
C. _____	_____

I hereby certify that the above information is accurate. I acknowledge that changes in cooking methods, volumes and hours of operations will require re-application and possible increase in the size or type of grease interceptor. I certify the grease interceptor will be cleaned in accordance with manufactures specifications a minimum of once per week or more frequently if required by the special permit. I certify that all staff will use best management practices as pertains to disposal and handling of grease, fats and oils. I acknowledge that the required cleaning frequency can be increased at any time by the Division of Sanitary Sewers.

Signature (owner) \_\_\_\_\_ Date \_\_\_\_\_

Printed \_\_\_\_\_

\*Minimum sizing requirement is 12 minute retention time based on flow of all fixtures attached.

\*\*Note. Interior interceptors must be at least 25gpm/50lb capacity to be considered by LFUCG.

\*Any appeal to a refusal by the Industrial Pretreatment section must be made to the Division Director of Sanitary Sewers.

Mail or Fax to: Division of Water Quality  
Attn: Jennifer Myatt  
301 Lisle Industrial Ave.  
Lexington, KY 40511  
Fax: 859-254-7787